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COUNTY BOROUGH OF WEST BROMWICH.



EDUCATION COMMITTEE.

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# Annual Report

UPON THE

## SCHOOL MEDICAL SERVICE

FOR THE

*Year ended 31st December, 1936.*

W. S. WALTON, M.D., B.Hy., D.P.H.,  
School Medical Officer.

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(29th of the Series.)

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# INDEX.

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	PAGE
Blind Children ... ..	28
Clinics ... ..	13-14
Co-ordination ... ..	9
Co-operation ... ..	26-27
Cost of School Medical Service ... ..	6
Crippled Children ... ..	29
Deaf Children ... ..	28
Delicate Children ... ..	29
Dental Defects ... ..	12, 15
Ear Disease and Defective Hearing ... ..	12, 14-15
Education Committee ... ..	4
Employment of Children ... ..	35
Epileptic Children ... ..	29
Following-up ... ..	13
Full-time Courses of Higher Education ... ..	30
General Information ... ..	6
Health Education ... ..	32
Heart Disease and Rheumatism ... ..	12, 18
Infectious Diseases ... ..	19, 20
Light Treatment ... ..	18, 19
Malnutrition ... ..	11, 13
Meals, Provision of ... ..	23, 26
Medical Inspection ... ..	10, 31
Mentally Defective Children ... ..	28, 29-30
Minor Ailments and Diseases of the Skin ... ..	12, 13-14
Miscellaneous ... ..	35
Mortality in School Children ... ..	21
Nose and Throat Defects ... ..	12, 14
Open-Air Education ... ..	21
Orthopædic and Postural Defects ... ..	12, 16-17
Other Defects and Diseases ... ..	12
Parents' Payments ... ..	32
Physically Defective Children ... ..	28-29
Physical Training ... ..	21-23
School Hygiene ... ..	9
Secondary Schools ... ..	31
Special Inquiries ... ..	32-34
Special Schools ... ..	30
Staff ... ..	5
Summary of Work ... ..	6
Tables ... ..	36-45
Treatment ... ..	13-19, 31
Tuberculosis ... ..	12, 18, 29
Uncleanliness ... ..	11, 13
Visual Defects and External Eye Disease ... ..	12, 14

WEST BROMWICH EDUCATION COMMITTEE,  
at 31st December, 1936.

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*Chairman—*

Alderman C. S. BACHE, J.P.

*Deputy-Chairman—*

Councillor C. B. ADAMS, J.P.

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**ATTENDANCE AND MEDICAL SERVICES  
SUB-COMMITTEE.**

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Mr. W. C. GOODERSON.

Mr. J. LAWLEY.

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*Director of Education—*

LEONARD G. ROSE, B.Sc.

## STAFF OF SCHOOL MEDICAL DEPARTMENT.

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<b>School Medical Officer</b>	...	...	...	W. S. WALTON, M.D., B.Hy., D.P.H. (From 1/3/36).
<b>Deputy School Medical Officer</b>	...	...	...	E. HUGHES, M.D., Ch.B., D.P.H. (Till 8/5/36)
				J. G. S. McQUEEN, M.D., Ch.B., D.P.H. (From 9/5/36)
<b>Assistant</b>	„	„	„	...
				W. W. WILDMAN, M.B., Ch.B., D.P.H. (From 8/5/36)
<b>Consultant Ophthalmic Surgeon</b>				CHARLES RUDD, M.B., Ch.B.
<b>„ Aural Surgeon</b>	...	...	...	F. BRAYSHAW GILHESPY, M.R.C.S., L.R.C.P.
<b>Dental Surgeons</b>	...	...	...	B. D. BRITTEN, L.D.S. MISS M. COOK, L.D.S.
<b>School Nurses</b>	...	...	...	MISS C. TWIST (Superintendent). „ M. W. POLE. MRS. L. A. BRYAN. MISS A. CLEGG. „ C. KRETSCHMAN (Till 30/4/36). „ D. CATLIN (Till 6/5/36). „ M. E. GREASLEY. „ M. E. JONES. „ E. M. HIGGINS „ E. J. JACKSON (From 8/6/36). „ A. WILSON (From 6/5/36).
<b>Clinic Nurses</b>	...	...	...	MISS B. E. FISHER. „ H. M. HAYES.

### Clerical Staff.

<b>Clerk</b>	...	...	...	...	MISS D. BROMLEY.
<b>„</b>	...	...	...	...	„ R. I. TURNER.
<b>Clerk and Dental Attendant</b>	...	...	...	...	„ D. MATTHEWS.
<b>„</b>	„	„	„	...	„ E. SHAKESPEARE
<b>Clerk</b>	...	...	...	...	„ M. ADAMS,

## SUMMARY OF WORK.

	1935.	1936.
A. Medical Officers at Schools—		
Routine inspections at Elementary Schools ...	4,292	4,286
Routine inspections at Secondary Schools ...	349	368
Special inspections at Elementary Schools ...	109	98
Re-inspections at Elementary Schools ...	1,582	1,900
Re-inspections at Secondary Schools ...	22	66
B. Medical Officers at Clinics—		
Inspections at Clinics ...	3,328	3,762
Re-inspections at Clinics ...	3,731	3,509
Inspections under Employment of Children Bye-laws ...	5	4
C. Dental Officer—		
Routine inspections at Elementary Schools ...	11,722	11,380
Special inspections at Schools and Clinics ...	260	54
Attendances for treatment ...	8,669	7,469
D. School Nurses' Visits, etc.:—		
Visits to Schools ...	703	727
Examinations in Schools (including cleanliness inspections) ...	37,382	37,303
Visits to Homes ...	1,762	1,789
Treatments of minor ailments in Clinics ...	22,593	23,130
Treatments of orthopædic defects in Clinic ...	1,559	1,994

## GENERAL INFORMATION.

	1935.	1936.
Population (estimated mid-year) ...	82,300	not available
Elementary Schools (including Special Schools—		
Number of Schools ...	22	21
Number of Departments ...	47	48
Number on Rolls ...	13,700	12,864
Average Attendance ...	11,949	11,687
Schools for Higher Education—		
Boys ...	1	1
Mixed ...	2	2
Number on Rolls ...	514	524
Cost of School Medical Service—	1934-35.	1935-36.
Total Cost (Net) ...	£4,181	£4,973
Government Grant ...	£2,090	£2,271
Cost to Rates ...	£2,091	£2,426
Product of a Penny Rate ...	£1,308	£1,339
Cost in terms of a Penny Rate ...	1.598d.	1.81d.





## SCHOOL MEDICAL SERVICE.

---

*To the Chairman and Members of the  
Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit to you the Annual Report on the work of the School Medical Service for 1936.

Infectious disease was responsible for much absence particularly in the earlier part of the year when influenza, mumps and chicken-pox were prevalent. While the incidence of diphtheria remained much the same as in previous years the ~~incidence~~<sup>vigilance</sup> of the disease has increased. Twelve deaths among school children were attributed directly to diphtheria. West Bromwich parents seem very slow to realise that it is possible to protect their children from serious and even fatal ravages of diphtheria. An immunisation clinic was started during the latter part of the year and free treatment is offered to all school children.

Significant indication of the value of your school medical service is shown by comparison of returns expressing percentage of defects found at all routine medical examinations in the years 1925 and 1935 respectively. In 1925, 27% of all children so examined were found to be suffering from defects, while in 1935 the figure had dropped to 17%.

A further extension of medical and dental services for children between the ages of two and five years will come into being during 1937. It is hoped that this will effect a reduction in the number of defects (especially dental) found in the school "entrants group." The number of children in the "leavers group" suffering from defects remains high and shows little improvement. The spacing of the routine inspections is, in no small measure, responsible for this, since the usual interval between examination of intermediate and leaving groups is five to six years. Some slight revision of spacing may be necessary in the near future.

Provisions for physical training were extended during the year. The present national movement for physical training has been anticipated by the school authorities; additional open-air facilities are, however, very necessary. Close co-operation exists between the school medical officers and the physical training organisers. Physical training only as such,

is of very little value if the bodily framework which it aims to develop is of inferior or defective nutrition and of poor "well being." Great care is taken to ensure that the child of poor nutrition receives special consideration.

There is no direct evidence to show, so far as the general nutrition of school children is concerned, that increased outlay in rents, necessary for many inhabitants in the newer housing estates, is being met with by reduction in the amount allowed for food in the family budget. The special investigation into the value of the free milk scheme operating within the borough showed the benefits which have accrued through your past provisions.

Special tribute is due to the Director of Education (Mr. L. G. Rose) and his staff for assistance and courtesy in supplying much of the material for this report. Close co-operation between the teaching staffs of the schools and the School Medical Department has been maintained as in previous years. Acknowledgment for loyal and efficient service is due also to all the members of the School Medical Department.

I should like also to express sincere appreciation of the courtesy and consideration which has been shown by you, Mr. Chairman, Ladies and Gentlemen, to this Department throughout the year.

I have the honour to remain,

Your obedient servant,

W. S. WALTON,

*School Medical Officer.*

2, LODGE ROAD,

WEST BROMWICH.

# REPORT.

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## I.—STAFF.

Dr. E. Hughes, Deputy School Medical Officer, resigned his position in May, to take up the post of Deputy Medical Officer at Plymouth.

Dr. J. G. S. McQueen, previously Assistant School Medical Officer was made Deputy School Medical Officer, and the vacancy thus created was filled by the appointment of Dr. W. W. Wildman, who commenced duty at the beginning of May.

Owing to marriage the Nursing Staff was deprived of the services of Miss C. Kretschman, who resigned her position in April. Miss C. Catlin resigned her appointment as Health Visitor and School Nurse in May. These two vacancies were filled by Miss E. J. Jackson and Miss A. Wilson, who commenced duties in May and June respectively.

## II.—CO-ORDINATION.

The arrangements for the co-ordination of the School Medical Department with other Health Services and Voluntary Agencies in the Borough were given in detail in the Report for 1932 and have continued on the usual lines.

## THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

## III.—SCHOOL HYGIENE.

There is nothing outstanding to report in the nature of hygienic improvements in the schools in the Borough, with the exception of St. Michael's R.C. School, where the Managers have effected improvements in the matter of lavatory accommodation and wash basins.

It is pleasing to report that the permanent Infants' Department at the Joseph Edward Cox School was completed during the year and opened in November.

## IV.—MEDICAL INSPECTION.

The arrangements for medical inspection were similar to previous years. The three code groups, Entrants, Intermediates, and Leavers were dealt with. The number of visits to schools for the purpose of carrying out routine inspection was 182.



The figures relating to medical inspection are shown in Table I., page 36. The number of routine medical inspections (including the children in the Special Day School), was 4,286, as compared with 4,292 during 1935, and the number of special inspections and re-inspections rose to 9,146 in 1936, against 8,746 during 1935. 1,151 children were re-examined during the year, of whom 605 were improved.

## V.—FINDINGS OF MEDICAL INSPECTIONS.

The detailed figures relating to the number of defects found as a result of medical inspection are printed in Table II., pages 37-38. The term "special" refers to medical examinations, at either schools or clinics, of children presented for some reason other than for routine medical inspection. Practically all such cases were dealt with at the inspection clinics held two afternoons per week at the Central Clinic, one morning at Hamstead, and one morning at Charlemont.

### Routine Medical Inspections.

The following table shows, over a period of three years, the percentages of children found to have defects requiring treatment (1934, 1935 excluding dental diseases and uncleanness; 1936 excluding malnutrition, dental diseases and uncleanness).

Code Groups.		West Bromwich.		
		1934.	1935.	1936.
Entrants	...	17·6	16·1	11·69
Intermediates	...	21·9	18·3	12·72
Leavers	...	21·6	19·7	19·33
All Groups	...	20·5	17·9	14·35

The table as set out below shows the marked improvement which has resulted from constant inspection of school children since 1925.

Children Examined.				Percentage of Children requiring treatment (excluding uncleanness and dental diseases).			
1925.							
Entrants	...	...	1,335	Entrants	...	...	29·6
Intermediates	...	...	1,162	Intermediates	...	...	27·3
Leavers	...	...	1,310	Leavers	...	...	24·4
<hr/>				<hr/>			
3,807				All Groups	...	...	27·1
<hr/>				<hr/>			
1935.							
Entrants	...	...	1,674	Entrants	...	...	16·1
Intermediates	...	...	1,210	Intermediates	...	...	18·3
Leavers	...	...	1,408	Leavers	...	...	19·7
<hr/>				<hr/>			
4,292				All Groups	...	...	17·9
<hr/>				<hr/>			



The percentage of defects among entrants shows the biggest drop, and this is, in part, due to the improvement in the Maternity and Child Welfare services during these years. It is obvious that much remains to be done regarding detection and treatment of disease in children under five years of age, and the Maternity and Child Welfare Committee proposes to increase this service very extensively during the ensuing year.

(a) **Malnutrition.**

It will be seen from Table II. B. that out of 4,286 children examined, 652 or 15·21% were of slightly subnormal nutrition while 27 or 0·63% were badly nourished (i.e., one in 150 was badly nourished). During the next year it is proposed to make a detailed survey into the cases of bad nourishment.

As this Table is a new departure there is difficulty in obtaining figures for comparison with previous years.

(b) **Uncleanliness.**

In view of the arrangements for routine cleanliness inspections by the nursing staff, figures showing the state of cleanliness at routine medical inspection are not given in Table II. A clearer conception of the work undertaken, and the findings at such surveys compared with 1935, will be obtained from a review of the following summary in conjunction with the figures given in Table VI., page 44.

**Cleanliness Surveys.**

	1935.	1936.
Number of examinations of children	37,382	37,303
Number of individual children found unclean ... ..	1,522	1,271
Number of visits to Schools ...	196	234
Number of visits to Homes ... ..	247	379

The percentage of uncleanliness ascertained was rather less than in 1935.

The following figures, in connection with the percentage of uncleanliness, show the improvement over a period of ten years.

	1926.	1936.
Number of examinations of children	37,911	37,303
Number of individual children found unclean ... ..	1,564	1,271
Percentage of uncleanliness ...	4·13	3·41

**(c) Minor ailments and diseases of the skin.**

As stated in Table II., pages 37-38, 20 defects of this nature were found at Routine Inspections and 376 at Special Inspections. No case of ringworm of the scalp was found but impetigo was, unfortunately, still rather prevalent.

**(d) Visual defects and external eye disease.**

Out of 4,286 children examined at Routine Inspections, 291, or 6·7%, were found to have squint or defective vision; 41, or 0·95%, had external eye disease.

**(e) Nose and throat defects.**

Details are shown in Table II., pages 37-38. It will be observed that of 4,286 children examined at Routine Inspections, 370 were found to have defects of this nature.

**(f) Ear disease and defective hearing.**

Details are shown in Table II., pages 37-38.

**(g) Dental defects.**

A perusal of Table V., page 44, shows that the dentists devoted  $57\frac{1}{2}$  half days to inspection and inspected 11,380 children; of these, 8,017 required treatment.

**(h) Orthopædics and postural defects.**

Ten cases of spinal curvature were discovered during the year. These were postural defects of slight character and were recommended for remedial exercises at Hallam Hospital.

**(i) Heart disease and rheumatism.**

4,286 children were examined at Routine Inspections, 46 cases of organic heart disease and 58 cases of anæmia were discovered.

**(j) Tuberculosis.**

Twelve cases of either definite or suspected pulmonary tuberculosis and 10 cases of non-pulmonary tuberculosis were discovered as a result of routine or special inspections during the year. All of these were notified to the Tuberculosis Department for appropriate action.

**(k) Other defects and diseases.**

Details of the incidence of other defects are to be found in Table II.

## VI.—FOLLOWING-UP.

Medical Officers, School Nurses, Head Teachers and Attendance Officers shared in the work of following-up defects.

The number of visits by Nurses to homes in this connection was 683; 311 visits were paid to schools.

Under the scheme for cleanliness inspections, Nurses made 379 visits to homes, and carried out 3,837 re-examinations in schools.

Thanks are due to the Head Teachers for the personal interest they have taken in the children recommended for treatment, and for the efforts made in persuading hesitant parents to accept the treatment offered.

## VII.—ARRANGEMENTS FOR TREATMENT.

### (a) **Malnutrition.**

All cases of malnutrition requiring additional nourishment falling within the Authority's income scale were recommended for free milk under the Scheme for Provision of Meals. Details of the Scheme were given in the Report for 1934.

### (b) **Uncleanliness.**

It was not found necessary during the year to treat any cases at the Cleansing and Disinfecting Station in Lombard Street West.

No legal proceedings were taken by the Education Committee in connection with cases of uncleanliness.

### (c) **Minor ailments and diseases of the skin.**

The Education Committee provided treatment for minor ailments and skin diseases at the following centres:—

#### THE CENTRAL CLINIC.

Lombard Street West. Open Daily.

#### SUB-CLINICS.

Hill Top	...	...	Monday afternoon. Friday morning.
Boulton Road	...	...	Tuesday morning. Thursday morning.
Greets Green	...	...	Tuesday morning. Thursday afternoon.
Charlemont	...	...	Monday morning. Wednesday morning. Friday morning.
Hamstead	...	...	Friday morning.



Nurses carry out treatment at all these Clinics. On Tuesday and Friday afternoons a Medical Officer attends at the Central Clinic, on Wednesday morning at Charlemont, and on Friday afternoon at Hamstead. The four Sessions each week at which a Medical Officer attends are combined Inspection and Minor Ailments Clinics.

The scheme for erecting a combined clinic for Maternity and Child Welfare, and School Medical work in the Charlemont and Friar Park areas is under consideration, and it is hoped to commence work on this in 1937.

From Table IV., Group 1, page 42, it will be seen that 2,259 cases of minor ailments and 1,046 cases of skin disease were treated during the year, compared with 2,359 and 744 respectively during the previous year.

**(d) Visual defects and external eye disease.**

An Ophthalmic Clinic is held at the Central Clinic 8 times during the year, at which cases of defective vision and special eye diseases are dealt with by the Ophthalmic Specialist. In addition, the Deputy School Medical Officer carries out refractions on one session per week at the Central School Clinic.

From Table IV., Group II., it will be observed that out of a total of 485 cases of defective vision and squint dealt with during the year, 470 accepted treatment under the Authority's Scheme. This compares with the previous years, as follows:—

1931.	1932.	1933.	1934.	1935.	1936.
540	587	665	655	559	470

During 1936, 328 pairs of spectacles were supplied under the scheme.

The treatment of external eye diseases is carried out at the Minor Ailments Clinics, 272 defects were dealt with (vide Table IV., Group 1).

**(e) Nose and throat defects.**

Particulars were given in detail in the Report for 1932. During the year 169 cases were dealt with at Hallam Hospital.

**(f) Ear disease and defective hearing.**

An Ear Clinic was held on Monday mornings at the Central Clinic by the School Medical Officer: 125 children attended, of whom 30 were reported as cured. The total number of children treated for ear defects at the various clinics was 240.



Very favourable results were attained in the treatment of ear disease by zinc ionisation. There is no doubt that the period of treatment is very definitely shortened. The number treated by this method during the year was 36, of whom 12 were cured. Two cases of persistent otorrhœa were referred by the Aural Surgeon to Hallam Hospital for mastoidectomy. The results in these cases were satisfactory.

**(g) Dental defects.**

The Dental Surgeons report as follows:—

It will be observed from the figures shown in Table V., page 44, that a substantial advance has been maintained in the School Dental Service.

Each department in the elementary schools in the Borough has been visited once during the year and, with the exception of absentees, every child has been examined. Fewer days have been devoted to inspection and, consequently, more to treatment.

The work of clearing up septic mouths has been continued during the year. It is satisfactory to report that the percentage of children with healthy mouths was greater than in the previous year. Another point to note with satisfaction is that the number of extractions has fallen considerably, hence more time has been available for conservancy work, the number of permanent fillings having increased by approximately 50 per cent. This latter treatment occupies more time than extractions, therefore fewer children have been treated, but, as has been observed, fewer children have needed treatment.

Both parents and children are beginning to realise the value of conservative treatment, though much ignorance and prejudice have still to be conquered. Sound conservancy work, which proves its own value is, of course, the best means of educating the parents, and this education has been aided by personal contact with the parents by the teachers, the dental staff at the Clinic, also by the distribution of pamphlets issued by the Dental Board which have proved most helpful.

It is thought that the dental scheme could be still further improved if the appointments made for children at the Clinic were strictly adhered to, especially as to time, as each session's work is planned carefully. Broken appointments mean wasted time.

Another satisfactory arrangement is the proposed treatment of infants under school age. This has already been commenced in a small degree with good success. It is shown to be very necessary by the fact that an analysis of children of the age of 5—or school entrants—compiled on instruction of the Medical Officer of Health—showed that of these children approximately 86 per cent. required dental treatment, and 60 per cent. had four or more carious teeth.

(h) **Orthopædics and postural defects.**

The treatment of orthopædic defects at the West Bromwich and District Hospital was continued during the year.

## Analysis of cases treated:—

	1935.		1936.	
	Boys.	Girls.	Boys.	Girls.
Number of Cases ... ..	16	11	13	15
Number of Consultations ... ..	33	25	36	30
Number of Children In-Patient ... ..	3	3	3	2
Number of Children on Massage ... ..	6	5	5	6
Number of Attendances ... ..	159	152	296	315
Number of Children X-Rayed ... ..	2	2	2	3
Number of Children fitted with irons, plaster cases, etc. ... ..	6	2	5	4

1936.						
Attendances.						
NATURE OF DEFECT.	Boys.			GIRLS.		
	No.	Consul- tation.	Mas- sage.	No.	Consul- tation.	Mas- sage.
Spinal:—Scolio-Kyphosis	1	1	99	—	—	—
Scoliosis ... ..	—	—	—	1	—	23
Lordosis ... ..	—	—	—	1	2	39
Torticollis ... ..	1	3	41	1	2	—
Infantile Paralysis ... ..	3	5	97	—	—	—
Hallux Valgus ... ..	—	—	—	1	2	27
Pes Cavus ... ..	—	—	—	1	2	—
Pes Planus ... ..	1	13	59	—	—	—
Pes Planus & Genu Valgum	1	3	—	—	—	—
Talipes Equino Varus ... ..	1	2	—	1	4	—
Hemiplegia ... ..	2	5	—	1	3	137
Calcaneo Epiphysitis ... ..	1	1	—	1	2	—
Perthe's Disease ... ..	—	—	—	1	4	—
Old Erb's Palsy ... ..	—	—	—	1	2	70
Congenital Dislocation						
—Hips	—	—	—	1	1	19
Congenital Absence						
—Right Fibula	—	—	—	1	2	—
Congenital Coxa Vara						
—Left Hip	1	2	—	—	—	—
Wasting Right Leg ... ..	1	1	—	—	—	—
Slipped Epiphysis ... ..	—	—	—	1	1	—
Right Ankle Turned ... ..	—	—	—	1	1	—
?Early Tubercular Hip ... ..	—	—	—	1	2	—
	13	36	296	15	30	315

## DETAILS OF IN-PATIENT TREATMENT.

No. of Children.	Defect.	Period.	No. of Days 1935.	No. of Days 1936.
1 Girl	?Early Tubercular Hip (not diagnosed) ... ..	Sept. 5th, 1936— Dec. 31st, 1936	Nil	112
1 Boy	Right Hemiplegia—with shortening of Tendo Achilles	Nov. 25th— Nov. 28th	Nil	3
1 Boy	Pes Planus ... ..	Oct. 23rd— Nov. 11th	Nil	21
1 Boy	Congenital Coxa Vara—left Hip ... ..	Sept. 26, 1935— Jan. 25th, 1936	96	25
1 Girl	Right Pes Cavus ... ..	Dec. 14th, 1935— Jan. 22nd, 1936	17	22
Total			113	183

The Remedial Exercise Clinic was continued in the Massage Department, Hallam Hospital. Children referred attended three times per week. The arrangements worked smoothly and results have been very satisfactory.

SUMMARY OF WORK AT REMEDIAL EXERCISES CLINIC  
DURING 1936.

Number of Sessions	...	...	...	149
Number of Attendances	...	...	...	1,359
Number of Patients, G.33, B.19	...	...	...	52
Discharged	...	...	...	44
Left School or District	...	...	...	3
Remaining on Books	...	...	...	5

CLASSIFICATION OF DEFECTS FOR WHICH TREATMENT WAS  
UNDERTAKEN.

## Spinal :—

Scolio-Kyphosis	...	...	...	1
Kyphosis	...	...	...	2
Scoliosis	...	...	...	4
				—
Torticollis	...	...	...	1
Poor Posture	...	...	...	19
Pes Planus	...	...	...	12
Hemiplegia	...	...	...	3
Paresis	...	...	...	2
Genu Valgum	...	...	...	1
Miscellaneous	...	...	...	7
				—
Total				52
				—



**(i) Heart disease and rheumatism.**

The special clinic was conducted during the year on the lines set out in the 1932 Report; the cases attending were classified as follows:—

						Cases.		Attendances.					
						B.	G.	B.	G.				
(1)	Rheumatic pains or Arthritis :												
	(a)	with heart affection	...	...		24	24	30	33				
	(b)	without heart affection	...	...		7	16	14	20				
(2)	Rheumatic Chorea :												
	(a)	with heart affection	...	...		4	5	7	5				
	(b)	without heart affection	...	...		1	9	7	11				
(3)	Rheum. Carditis, without (1) or (2)												
	above	...	...	...	...	6	9	9	12				
(4)	Congenital Heart Disease					...	...	3	7	4	11		
(5)	Functional Heart Disorder					...	...	2	1	2	1		
(6)	No Rheumatism or Heart Disease or Disorder					...	...	...	...	12	12	15	25
						<hr/>							
Totals						59	83	88	118				

**(j) Tuberculosis.**

The following children were treated at the West Bromwich and District Hospital under the Orthopædic Scheme.

					1935.		1936.	
					Boys.	Girls.	Boys.	Girls.
Number of Cases	...	...	...	...	3	3	5	—
Number of Out-Patient Attendances	...	...	...	...	18	14	13	—
Number of Children In-Patient	...	...	...	...	1	—	—	—
Number of Children on Massage	...	...	...	...	3	—	1	—
Number of Attendances	...	...	...	...	100	—	24	—
Number of Children X-Rayed	...	...	...	...	2	—	3	—
Number of Children in Woodlands Hospital for In-Patient Treatment	...	...	...	...	—	—	3	—

The Tuberculosis Committee accepted responsibility for two boys and one girl who received operative treatment at the Woodlands apart from the Orthopædic Scheme.

**(k) Treatment by Artificial Sun-light.**

An Ultra-violet Light Clinic is held in the Anti-Tuberculosis Dispensary at the Health Department, Lodge Road. Maintenance charges are borne jointly by the Tuberculosis, Maternity and Child Welfare, and Education Committees. Each Committee contributes according to actual usage based on the number of exposures.



Treatment is administered by the Tuberculosis Sister who is in charge of the Clinic. The Medical Officer of Health attends on Wednesday afternoons, when all new cases are seen and cases under treatment reviewed.

Cases referred by School Medical Officers, except cases of tuberculosis, are treated on Monday, Wednesday and Friday afternoons.

The following table indicates the conditions for which treatment was given and the progress made.

#### SUMMARY OF WORK AND RESULTS OF TREATMENT AT ULTRA-VIOLET LIGHT CLINIC DURING 1936.

Number on Register on 31st December, 1935 ...	10
Admitted during 1936 ... ..	57
Discharged during the year ... ..	57
Number on Register, 31st December, 1936 ...	10
Number of attendances made ... ..	810

Defect	Cured	Much Impd.	Impd.	No Impt.	Un- suit- able	Failed to attend	Ref. to Hosp.
Alopecia ...	2	2	2	—	—	1	—
Anæmia ...	1	—	2	1	—	—	—
Blepharitis ...	—	—	—	—	1	—	—
Boils ...	—	1	—	—	—	—	—
Bronchitis ...	5	2	2	—	—	—	—
Catarrh ...	3	1	3	—	—	—	—
Catarrhal Jaundice	—	—	1	—	—	—	—
Cervical Adenitis	—	—	1	—	—	—	1
Debility ...	1	3	7	—	4	1	3
Dermographia	1	—	—	—	—	—	—
Impetigo ...	—	1	—	—	1	—	—
Rheumatism	—	—	—	—	1	—	—
Septic Rash ...	1	—	—	—	—	1	—
Total	14	10	18	1	7	3	4

#### VIII.—INFECTIOUS DISEASES.

There has been no alteration during the year in the arrangements for the control of infectious diseases in schools.

During the last three months of the year a Diphtheria Immunisation Clinic was established at the Central School Clinic, Lombard Street West, and will continue on Saturday mornings at 9-30.

In view of the severe type of Diphtheria prevailing generally in the Town, and especially among school children, the establishment of such a Clinic was an urgent necessity. It is hoped, by means of propaganda and co-operation of school teachers, that this Clinic will develop to a much greater extent.

Applications for immunisation were received in respect of forty-five school children.

In connection with the control of Diphtheria, 213 throat swabs taken from school children were examined bacteriologically by your Medical Officers, of these 63 were positive.

The following table shows the incidence of the Notifiable Infectious Diseases during the four quarters of the year. The table refers to school children only. The subjoined part of this table, giving figures for Non-notifiable Infectious Diseases, was compiled from the Weekly Sickness Returns sent in by Head Teachers.

**Incidence of Infectious Diseases.**

Disease.	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total 1936	Total 1935
Scarlet Fever ...	35	23	14	30	102	190
Diphtheria ...	27	30	19	41	117	140
Erysipelas ...	—	1	—	3	4	—
Pneumonia ...	5	1	—	4	10	34
Measles ...	75	422	81	12	590	1862
Whooping Cough	32	49	58	8	147	82
Chicken-Pox ...	135	139	51	119	444	220
Mumps ...	187	1017	162	39	1405	29
Influenza (including colds) ...	3090	1605	1366	2445	8506	9223

Scarlet Fever was less prevalent during the year. The disease was of a fairly mild type and there were no resultant deaths. It will be seen that there was a decrease in the number of cases of Diphtheria, but the disease itself was of a virulent type. It is regrettable to report that there were twelve deaths. More detailed reference will be made to this in the Annual Report of the Medical Officer of Health.

There were severe epidemics of measles, chicken-pox and mumps; these diseases being most prevalent in the second quarter.

It was found necessary to issue certificates under Article 23b of the Education Code in respect of Hill Top Infants' Department for the weeks ended 12th, 19th and 26th June, and 3rd July.

### Mortality in School Children.

The table printed below is of interest; it deals with the causes of death of children between the ages of 5 and 14 years—until they are exempt from attendance at School.

It is regrettable to note that there were two deaths from drowning and one from a traffic accident during the year.

### Causes of Death in School Children, 1936.

Disease or other Cause.					Number.	Percentage of deaths from all causes	
Common Infectious Diseases	{	Measles ... ..	—	—	—	30·77	}
		Scarlet Fever ... ..	—	—	—		
		Diphtheria ... ..	12	—	—		
		Whooping Cough ... ..	—	—	—		
Tuberculosis	{	Pulmonary Tuberculosis ...	—	—	—	5·01	}
		Tuberculous Meningitis ...	1	—	2·56		
		Other forms of Tuberculosis	1	—	2·56		
Respiratory Diseases	{	Bronchitis ... ..	2	—	5·01	10·25	}
		Pneumonia—all forms ...	2	—	5·01		
		Other Respiratory Diseases	—	—	—		
Diseases of Ailmentary Tract	{	Kidney Disease ... ..	1	—	2·56	7·65	}
		Appendicitis ... ..	—	—	—		
		Peritonitis ... ..	2	—	5·01		
Violence	{	Drowning ... ..	2	—	5·01	7·65	}
		Traffic Accidents ... ..	1	—	2·56		
		Burns ... ..	—	—	—		
Heart Disease	{	Rheumatic ... ..	—	—	—	7·65	}
		Pericarditis ... ..	1	—	2·56		
		Cardiac Failure ... ..	2	—	5·01		
Asphyxiation		... ..	1	—	2·56		
Meningitis		... ..	2	—	0·51		
Other Defined Diseases		... ..	9	—	23·07		
Total					39		

This compares with 45 deaths in 1935.

### IX.—OPEN-AIR EDUCATION.

There are no Open-air Schools in the Borough, but in some cases instruction is given during the summer months in the school playgrounds or in adjacent parks. Such instruction only touches the fringe of what might be possible.



## **X.—PHYSICAL TRAINING.**

**(Report of the Physical Training Organisers).**

“ The year 1936 will be remembered as the year during which Physical Education made more real advance than in any previous one.

There is to-day a general desire to be fit and keep fit. Many agencies are directing their efforts towards achieving this most desirable state of healthy living. The child welfare and maternity centres, nursery classes, the milk scheme and the feeding of school children are all parts of a comprehensive scheme to give our young people a real chance of a healthy life. The true physical educator has not desired to impose a scheme of training on the under-nourished and the ill-clad. He or she can, however, supplement the good work done by the agencies mentioned above. Those responsible for the physical education of children in West Bromwich Schools have borne in mind, and are sympathetically and efficiently dealing with, these important phases of the general school training. The principle of a daily lesson of some form of physical activity has become an accepted fact. The gradual improvement of general posture is becoming more obvious—the normal outcome of real training. The so-termed “ backward ” child could be usefully employed in taking part in increased physical activities.

It is important to bear in mind that children within the age groups of 11+ and 14 years require training which calls for increased standards of skill and agility. This requirement can only be met by the provision of suitable gymnastic apparatus. We are pleased to record that the Senior Schools are being equipped with the appropriate type of apparatus. Portable gymnastic apparatus may be usefully employed in the school playground when overhead and surface conditions are suitable. We would emphasize the importance and value of outdoor lessons under suitable weather conditions. Continuity of training calls for indoor accommodation during the inclement months. Some schools have a suitable hall or room for this purpose but where no such provision is made the range of indoor lessons is strictly limited. Some form of elementary postural training can be of value and should be employed.

Classes in Physical Education have been conducted for Teachers during the past year. We are happy to record that these classes have been well attended. All Departments with the exception of the Infants' Departments have been represented. A class for Teachers in Infants' Schools will shortly be arranged.

There are many centres now in West Bromwich, e.g., the Junior Evening Institutes, the Central Gymnasium at the



Kenrick Technical College, and the Social Welfare Centres, where the post-school child can partake in healthy recreational physical training. There is no excuse for the boy or girl in this Borough, even those with only small means at their disposal, to neglect the opportunities whereby healthy vigour and happiness may be enhanced.

A true Physical Educational Scheme must not be regarded just as the performance of exercises in the Gymnasium, Central Halls and Playgrounds. In the widest sense it embraces other activities, and amongst these are Swimming, Athletics, Games, Dancing, Camping, School Journeys, and many like social activities.

The Playing Fields and Pitches available in the Borough are used to full capacity by the Schools, Junior Clubs, and Works Organisations. There is, however, an urge for increased accommodation on the Playing Fields and in the Parks. This matter, no doubt, will receive sympathetic consideration by the appropriate Committees.

#### **Swimming.**

The West Bromwich Education Committee has always attached great importance to the matter of Swimming Instruction for the School Children. The Baths and Estates Committee has for many years generously allowed the reserved use of one or more of the Baths for the teaching of Swimming. The system now in vogue enables all Senior Schools to send groups of 80, 60, 40, or 20 children, according to the numerical strength of the School; these children attend at the Baths once a week during the summer months. Specially selected Teachers accompany the classes to assist in the instruction and we wish to commend heartily the excellent work performed by these Teachers during the season 1936. We look forward to the opening of the new Swimming Bath.

The following results were obtained during the 1936 season :—

Learners' Section : 560 were taught to swim.

Grade Certificates : 523 Certificates were awarded.

WINIFRED V. STEEL.

ALBERT F. PROBST.

Organisers of Physical Education."

## **XI.—PROVISION OF MEALS.**

### **(a) Provision of Milk under the Authority's Scheme.**

The scheme for the provision of free milk for necessitous malnourished children continued in operation throughout the year.

Under the scheme each child receives one pint of milk daily—half a pint each morning and afternoon. Children receiving free milk are examined at three-monthly intervals

by one of the School Medical Officers and a weekly record of height and weight of each child is kept by the Head Teachers.

At the end of December, 1936, 213 children were receiving milk under the scheme, as compared with 143 children on the corresponding date in the previous year.

### SPECIAL REPORT ON THE VALUE OF THE FREE MILK SCHEME.

An analysis has been made of the value of free milk to West Bromwich children by comparing children having free milk regularly with those not deriving such benefit.

The two groups compared are:—

- (1) A selected group of 115 children who have been in receipt of free milk over a period of twelve months, all of subnormal nutrition, “ C ” or “ D.”
- (2) A selected group of 1,800 West Bromwich school children, all of normal nutrition, category “ B.”

From these normal children a special table of heights and weights in yearly age-groups has been constructed. This table is given in full below, and whilst varying from similar tables of heights and weights in other areas of England, may be taken as representative for West Bromwich.

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WEST BROMWICH SCHOOL CHILDREN: “ B ” NUTRITION. (NORMAL).					
Years		BOYS.		GIRLS.	
of		Height	Weight	Height	Weight
Age		(ins.)	(lbs.)	(ins.)	(lbs.)
5	...	41·98	41·24	41·18	39·41
6	...	43·71	44·57	43·33	42·97
7	...	46·02	47·61	45·92	46·50
8	...	47·65	53·13	47·76	52·54
9	...	50·73	59·57	50·65	55·98
10	...	53·13	64·08	51·98	64·42
11	...	54·78	70·71	54·39	69·05
12	...	55·98	74·64	56·15	76·10
13	...	57·25	80·86	57·14	87·89

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A comparison between the two groups of children shows the following:—(N.B.—“ Normal child,” when stated below, means child *not* having free milk).



- (a) Over the whole age-period 5-14 years, the height and weight gains among the free milk boys and girls are much more uniform, from year to year, than among the normal boys and girls. The uniformity in the height and weight gains of the free milk group is striking.
- (b) “ Free Milk ” Boys—5-7 years. Gain more, annually, in height and weight than the normal boys.  
“ Free Milk ” Girls—5-7 years. The gains are still greater, compared with a corresponding group of normal girls.

These gains take place, it should be noted, in spite of the fact that the free milk children are all of subnormal nutrition, and, therefore, at an initial disadvantage in this respect in relation to the normal children.

- (c) Between ages 7-10 years, in both sexes, the annual height and weight gains of free milk children and of normal children are approximately the same.

This suggests that between 7-10 years the subnormal child can, by means of free milk, just keep pace with the normal child, but no more.

- (d) Between ages 10-12 years, free milk boys gain distinctly more in height and weight than normal boys.

Free milk girls in the same age-group gain little more in height, and no more in weight, than normal girls.

The above findings show, on the whole, that free milk is most beneficial to these subnormal elementary school children, particularly to both sexes between 5-7 years, and to boys aged 10-12 years.

Three issues related to the supply of free milk may, perhaps, be raised here:—

- (i) The lack of satisfactory means of heating the milk in school during the winter months has been found to reduce its popularity in cold weather.
- (ii) A large number of infants aged 5-7 years have considerable difficulty in consuming at school so large a quantity as one pint per day (this amount being issued to each child under the Free Milk Scheme).



- (iii) The desirability of addition of flavouring agents—or other suitable adjuncts to milk—might be considered on grounds of increasing palatability. (Very careful control would be necessary with any such measure).

**(b) Provision of Milk under the Voluntary Scheme.**

The supply of milk to school children under Section II. (i) of the Milk Act, 1934, was continued during the year and approximately 512,144 bottles of milk were supplied as against 605,032 bottles during 1935.

Thanks must be given to the Head Teachers for their continued co-operation in the administration of these schemes, which have entailed a substantial addition to the routine work in the schools.

## **XII.—CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.**

**(a) Co-operation of Parents.**

The continued and increasing appreciation of parents in the efforts of the School Medical Service for the welfare of their children, is clearly manifested by the fact that 72·64 per cent. attended at Routine Medical Inspections. There appears to be a definite desire on the part of parents to have defects, to which their attention has been drawn, corrected.

**(b) Co-operation of Teachers.**

Once again the greatest tribute must be paid to the valuable assistance rendered by teachers to the School Medical Department. The success of the work of any School Medical Service depends on the support of teachers to an extent which is fully realised only by those connected with that service, and it is pleasing to find that the support accorded in West Bromwich is of a most cordial nature.

### *1. Medical and Dental Inspections.*

Much careful help has been rendered by Head Teachers to the Medical Officers, Dentists and Nurses in ensuring that these inspections run smoothly, and that the parents and children are admitted to the Medical Officer and Dentist in a systematic manner. In this way is the goodwill and co-operation of the parent engendered, the examination carried out with efficiency, and valuable school time saved.

## *2. Following-up.*

The painstaking work undertaken by Teachers to encourage parents to have defects corrected is referred to in another part of this Report.

## *3. Medical and Dental Treatment.*

There is still a tendency on the part of some Head Teachers to regard the Clinic as being solely concerned with minor ailments. The Clinic, when Medical Officers are in attendance, is also an Inspection Clinic, viz., open to give advice to Teachers and Parents in a very large variety of cases, even although there is no facility for the treatment of certain of these cases at the Clinic.

### **(c) Co-operation of School Attendance Officers.**

The School Attendance Officers continue to prove of great assistance in many directions. Lists of cases of long absence from school are submitted periodically and these have proved of the greatest help in bringing to the notice of the Department certain cases of exceptional children.

### **(d) Co-operation of Voluntary Bodies.**

During the year the Cinderella Club has rendered valuable assistance to the Department by sending 16 necessitous cases to convalescent homes for periods varying from two to six weeks.

The Poor Children's Welfare Society has given noteworthy assistance by sending 28 cases for a period of one month to the North of England Children's Sanatorium, Southport, during the year. In addition, this Society distributed 521 pairs of boots to necessitous children, making a total of 6,475 pairs since the Society was registered in 1925. The distributions were continued at the Central Clinic, Lombard Street West.

The Rotary Club again assisted by arranging week-end Camps during June and July. As in the past years, each week-end eighteen of the poorest boys from our Public Elementary Schools were entertained at the camp.

The National Society for the Prevention of Cruelty to Children continued to give valuable assistance, especially through the medium of Chief Inspector Pine.



### XIII.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The number of children within the scope of the above definitions is printed in Table III., pages 39-41. The Table shows the position at 31st December, 1936, and the children referred to are resident within the Borough or are maintained at the expense of the Education Authority in Special Schools or Institutions outside the area.

#### (a) Ascertainment and Disposal.

This work has continued on the usual lines during the year.

#### *Blind Children.*

Two children (one totally and one partially blind) are in the Royal Institution for the Blind, at Birmingham.

#### *Deaf Children.*

There are 5 cases of total deafness, 2 boys and 3 girls—all of whom are in the Birmingham Royal Institution for the Deaf and Dumb.

#### *Mentally Defective Children.*

Formal examinations as to Mental Deficiency were carried out in 19 cases, and 35 were re-examined; the findings at these examinations were as follows:—

	1st Exam.	Re-Exam.
Imbeciles—Notified to Local Control Authority ... ..	1	—
Low-grade Feeble-minded—notified to Local Control Authority ... ..	—	2
Feeble-minded ... ..	14	28
Dull and Backward ... ..	4	3
Normal ... ..	—	2
Totals	19	35

Of the 21 children shown in Table III. as being at no school or institution, 19, having attained the age of 14 years, have left school, of these 9 boys and 7 girls had obtained situations, while 3 who are unfit, remain at home under supervision. Of the remaining two, one boy is totally unfit for public elementary school by reason of severe crippling, the other a case of Pulmonary Tuberculosis, is temporarily excluded from the Special Day School.



*Epileptic Children.*

Two children—1 boy and 1 girl—were maintained at Maghull Colony, Liverpool, during the year. Two shown at no school or institution remain at home under parental supervision.

*Tuberculous Children.*

Of the 6 children shown as “ at Certified Special Schools ” at the 31st December, 1936, 5 were in the Woodlands and 1 in the Forelands Certified Hospital Schools.

*Delicate Children.*

It should be noted that the group of 76 contains the majority of children who, in ideal circumstances, would be accommodated in open-air schools.

The child shown at Certified Special School was admitted to St. Patrick's Open-Air School, Hayling Island, and is making good progress.

The 8 children shown as at no school or institution are suffering from various defects which necessitate their exclusion from school.

*Crippled Children.*

Of the 2 children shown as being in Special Schools, 1 is maintained by the Authority at the Halliwick Cripples' Home, London, and 1 at the Heritage School of Arts and Crafts, Chailey. One child shown as at no school or institution, suffers from hemiplegia and cataleptic fits, which renders her unfit for public elementary school at present.

**(b) Supervision of Mentally Defective Children not in Special Schools.**

It will be observed from Table III. that 21 presumably educable mentally defective children are at no school or institution, particulars of these cases are given under the heading, “ *Mentally Defective Children.* ”

The following Table shows the after-careers of children who have passed through the Special Day School for Mentally Defective Children.

	1935.		1936.	
	Boys.	Girls.	Boys.	Girls.
Number in employment ... ..	13	15	21	16
Number at home—suitable for occupation centre ... ..	3	1	3	4
Number at home—no special occupa- tion ... ..	5	5	2	4
Number in Great Barr Park Colony	3	3	4	4
Deceased ... ..	1	—	—	—
Removed to Approved School ...	—	—	1	—

(c) **Special Schools.***Junior Practical School*

The Junior Practical School endeavours to train its pupils to become useful members of society. In doing this, the community tries to be self-supporting and, as far as possible, to form a little social community on its own.

One of the first things stressed is the need for personal tidiness and cleanliness, and good work is done. Parental co-operation in this connection is essential. The toilet accommodation is unique; in the absence of wash-basins with separate water supply, bowls and ewers are used; the elder boys have made tables of varying sizes to suit the differing heights of the children, and these, together with the bowls, jugs and buckets, have been enamelled a bright green. The girls have made two sets of towels, each of which is numbered, and each child has a numbered place on the towel rails where he or she hangs towel, comb and tooth brush. Water is heated in the kitchen boiler, and carried by monitors to the tables. The children wash before dinner, and clean their teeth after the meal. Warm water is available throughout the day.

The mid-day meal is also a centre of social activity, where older members of the community demonstrate to new children the correct procedure at dinner time, in order to help them develop good table manners. Shopping and cooking is done, under supervision, by groups of boys and girls. The laying of tables usually is undertaken by the smaller children. The Staff dines at a separate table at the same time, so that except for nominal supervision the children are free at dinner time.

The medium of conversation is the basis of the whole school's activity. Not until a child can converse freely with his fellows and his teachers can he be taught the essentials of education. Free speech means confidence and confidence develops the ability to absorb new ideas. This is the aim of the Junior Practical School, so that its pupils may become willing and efficient workers in the shops and factories of the town.

#### **XIV.—FULL-TIME COURSES OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.**

Under arrangements made by the Education Committee, one adult blind person is being trained in the Birmingham Royal Institution for the Blind.



## **XV.—NURSERY SCHOOLS.**

There are no Nursery Schools in the Borough.

## **XVI.—SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.**

### **(a) The Municipal Secondary School.**

This is a mixed school, the ages of the pupils ranging from 11 to 18 years. At the end of the year there were 256 boys, and 189 girls on the rolls.

### **(b) The Kenrick Technical College.**

This is a boys' school and the ages range from 13 to 15 years. The number on the roll at the end of the year was 33.

### **(c) The Ryland Memorial School of Arts and Crafts.**

There is a Junior Art Department for full-time day pupils at this school. It is a mixed school and the ages of the pupils in this department range from 12 to 15 years. The number on the roll at the end of the year was 46; 23 boys and 23 girls.

### **I.—Medical Inspection.**

The arrangements were similar to the previous year. Details of the number of pupils examined and the defects found are shown in Table II., page 45.

### **II.—Medical Treatment.**

The Authority does not generally provide any form of treatment for children attending these schools. Necessitous cases are, however, occasionally treated at the Ophthalmic Clinic, and glasses provided at contract prices. The cost of glasses is recovered from the parents. Six such cases were dealt with during the year. In addition, 5 pupils received Dental Treatment.

The attention of the Supervisors of Physical Education is drawn to defects, such as flat feet and postural defects, which are amenable to treatment by special exercises.

## **XVII.—PARENTS' PAYMENTS.**

### **(a) 1. Orthopædic Treatment, Out-patient and In-patient.**

#### **2. Operative treatment for Tonsils and Adenoids.**

Charges are made for treatment in accordance with family income and collection is in the hands of the Borough Treasurer.



**(b) Spectacles and Dental Fees.**

The actual cost of spectacles is charged to parents, but financial assistance is given in necessitous cases. Payments are made at the Central School Clinic; arrears are referred to the Borough Treasurer for collection.

Dental fees are charged, except in necessitous cases, at the rate of 3d. per visit, payment being made at the time of treatment.

The following are the amounts received during the year :

			£	s.	d.
Tonsils and Adenoids	...	...	62	0	0
Spectacles	...	...	91	0	0
Dental	...	...	76	0	0
Orthopædic Defects	...	...	20	0	0

**XVIII.—HEALTH EDUCATION.**

This work was continued as outlined in detail in the Report for 1933.

Grateful acknowledgment is made once more to the services rendered by the local Press.

**XIX.—SPECIAL INQUIRIES.****OBSERVATIONS ON THE ETIOLOGY OF IMPETIGO CONTAGIOSA IN CHILDREN.**

**By W. W. Wildman, Assistant School Medical Officer.**

In spite of increasing facilities for Clinic treatment, the incidence of Impetigo among school children does not show an appreciable decrease, either in the country as a whole or the larger County Boroughs. Its incidence over a period of eight years among 13,700 West Bromwich children aged 5-14 years is given in tabular form below.

During the five months, September, 1936—January, 1937, 64 cases were studied from the epidemiological standpoint. These were found to be evenly distributed among fourteen schools, and together accounted for over 350 days of exclusion. The maximum incidence in both sexes was between the ages of 6-8 years, and it is of interest here to note that, of over 1,000 children aged 0-5 years examined during the same period at two infant-welfare centres, only five had impetigo.

**Uncleanliness Factor.**

Two new schools of modern hygienic construction on a well-spaced housing estate provided as many cases as the schools in the more overcrowded areas of West Bromwich.

This may be partly explained by the fact that some of the families re-housed on the estate are as insanitary in their new homes as they were in their slum-tenements. It is generally agreed that domestic uncleanness is an important predisposing factor in Impetigo. This is substantiated by statistical analysis of the following table, which gives a coefficient of correlation of +0.614 between the incidence of Impetigo and individual uncleanness :—

Year.	IMPETIGO	SCARLET FEVER	ERYSIPELAS	UNCLEAN CASES	
	Case rates per 1,000 Children act. 5-14 years	Case rates per 1,000 population West Bromwich All ages	Rates per 1,000 population West Bromwich All ages	Per 1,000 Children act. 5-14 years	
1928	32.53	0.59	0.60	95.74	1934 : Total West Bromwich population  = 82,200
1929	40.67	1.64	0.90	174.90	
1930	28.74	3.60	0.84	202.09	
1931	26.01	2.84	0.99	201.47	
1932	14.72	1.61	0.59	136.62	School population act. 5-14 years  = 13,750
1933	12.26	3.78	0.65	123.75	
1934	22.11	4.46	1.01	170.11	
1935	20.59	3.51	0.78	111.09	
Coefficient of correlation with Impetigo rate		-0.458	+0.385	+0.614	

#### Streptococcal Factor.

In this country and abroad, streptococci, some hæmolytic (1), others of low virulence, have been isolated from the vesicles of impetigo; and in one series of closely related cases the streptococci concerned were found to belong to different groups, both serologically and culturally. (2)

In view of these findings the 64 West Bromwich cases were investigated with regard to the occurrence of antecedent Scarlet Fever. In no case was there a recent history of Scarlet Fever preceding the Impetigo. In an investigation on Impetigo in Hull in 1929, (3) none of the 205 cases examined were preceded by Scarlet Fever. Further, the coefficient of correlation between the Scarlet Fever and Impetigo case-rates



in the above table, has the negative value of  $-0.458$ . That between the rates for Impetigo and Erysipelas is  $+0.385$ . Taking into account the older age-incidence of Erysipelas, one is justified in believing that like etiological factors determine the incidence of these two skin diseases.

The negative correlation leads to the inference that a rise in the incidence of Scarlet Fever is accompanied by a corresponding decline in the number of cases of Impetigo.

### **Clinical Type.**

Two of the 64 cases studied were severe enough to need admission into hospital. The remainder were of low virulence clinically.

The great majority of the cases in the references given below were classed as "mild."

Historical records show that Impetigo to-day, like present Scarlet Fever, is clinically much milder than were both these diseases 50 years ago, and there is also clear evidence that hæmolytic streptococci are frequently capable of changing from virulent to non-virulent strains. (4)

That other factors than uncleanliness and bacterial infection are concerned in the prevalence of Impetigo is suggested by its having been known to occur in epidemic form after widespread Influenza, a sudden alteration in diet, and after severe shock due to a factory explosion. (5)

### **Conclusions.**

In spite of active treatment at school clinics, and a great public health drive against uncleanliness in the home and at school, the incidence of Impetigo among school children does not decrease.

There is a suggestion that its occurrence in Endemic form among school children may be related to that of Scarlet Fever, and dependent on streptococcal variation; and that for Impetigo to be successfully controlled, further knowledge of the epidemiology of streptococcal infections as a whole, is needed.

### **References.**

- (1) C. N. Frazier: Chinese Med. J. 50: 587, 1936.
- (2) Smith & Burky: Bull. John Hopkins Hosp. 35: 78, 1924.
- (3) J. Morrison: Med. Officer, 1930 xliii, 221.
- (4) W. W. Topley: Outline of Immunity, 102, 1933.
- (5) W. J. O'Donovan: "Lancet," 1931, i, 462.



**XX.—MISCELLANEOUS.****Employment of Children.**

The following Table gives particulars of licences and registrations for the Year 1936:

**(a) EMPLOYED CHILDREN (12-14).**

No. of Registrations:	Boys.	Girls.	Total.
Delivery of Newspapers or Milk ...	106	—	106
Errands and Light Duties ...	71	1	72
Child Performers ...	5	44	49
No. of Licences surrendered:			
Newspapers or Milk Delivery ...	97	1	98
Errands, etc. ...	41	1	42

**(b) STREET TRADING BY YOUNG PERSONS.**

No. of Licences issued ...	7	—	7
No. of Licences surrendered ...	1	—	1

**(c) INVESTIGATING PATROLS.**

No. of Patrols undertaken ...	...	...	65
No. of Offences reported ...	...	...	59
No. of Letters (Warning Notices) ...	...	...	23
No. of Offenders interviewed ...	...	...	31

**(d) PROSECUTIONS.**

Legal proceedings were successfully undertaken against one employer for infringement of the Street-Trading regulations.

**(e) MEDICAL INSPECTION.**

Four children were examined during the year by a School Medical Officer to ascertain their fitness for part-time employment.

Forty-six child performers also were medically examined.

**(f) ACCOMMODATION FOR CHILD PERFORMERS.**

The attention of the School Medical Officer was called to a case where the lodging accommodation was deemed inadequate, and steps were taken for this to be rectified.

STATISTICAL TABLES

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS IN ELEMENTARY SCHOOLS FOR THE YEAR ENDED  
31ST DECEMBER, 1936.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	...	...	...	...	...	...	1,677
Second Age Group	...	...	...	...	...	...	...	...	...	1,250
Third Age Group	...	...	...	...	...	...	...	...	...	1,325
Total										4,252
Number of other Routine Inspections	...	...	...	...	...	...	...	...	...	34

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	...	3,762
Number of Re-Inspections	...	...	...	...	...	...	...	5,384
								<hr/>
				Total	...	...	...	9,146
								<hr/>

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE  
TREATMENT (EXCLUDING DEFECTS OF NUTRITION, UNCLEANLINESS AND DENTAL DISEASES).

GROUP.	FOR DEFECTIVE VISION (EXCLUDING SQUINT).	FOR ALL OTHER CONDITIONS RECORDED IN TABLE IIa.	TOTAL
(1)	(2)	(3)	(4)
Entrants	—	169	169
Second Age Group	73	86	131
Third Age Group	160	96	197
TOTAL	233	351	497
Other Routine Inspections	1	2	3
GRAND TOTAL	234	353	500

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED  
31ST DECEMBER, 1936.

DEFECT OR DISEASE.					ROUTINE INSPECTIONS		SPECIAL INSPECTIONS			
					No. of Defects.		No. of Defects.			
					Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment		
(1)					(2)	(3)	(4)	(5)		
Skin	Ringworm—Scalp	...	...	...	—	—	—	—		
	Body	...	...	...	—	—	4	1		
	Scabies	...	...	...	1	—	14	—		
	Impetigo	...	...	...	6	—	190	—		
	Other Diseases (Non-Tuberculous)				7	6	136	31		
Eye	Blepharitis	...	...	...	12	7	23	—		
	Conjunctivitis	...	...	...	6	2	82	1		
	Keratitis	...	...	...	—	—	1	—		
	Corneal Opacities	...	...	...	1	—	2	—		
	Other Conditions (excluding Defective Vision & Squint)				10	3	39	8		
	Defective Vision (excluding Squint)	...	...	...	233	13	26	4		
	Squint	...	...	...	28	17	8	—		
Ear	Defective Hearing	...	...	...	6	4	2	5		
	Otitis Media	...	...	...	21	12	12	1		
	Other Ear Diseases	...	...	...	24	12	222	10		
Nose and Throat	Chronic Tonsillitis only	...	...	...	84	140	37	11		
	Adenoids only	...	...	...	4	11	4	2		
	Chronic Tonsillitis & Adenoids				56	44	55	4		
	Other Conditions	...	...	...	15	16	140	172		
Enlarged Cervical Glands (Non-Tuberculous)					—	45	18	28		
Defective Speech					...	...	2	6	—	—
Heart Disease—										
Heart and Circulation	Organic	...	...	...	3	43	1	18		
	Functional	...	...	...	—	23	—	—		
	Anæmia	...	...	...	8	50	5	19		



TABLE II.—continued.

DEFECT OR DISEASE.					ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
					No. of Defects.		No. of Defects.	
					Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
(1)					(2)	(3)	(4)	(5)
Lungs	Bronchitis ... ..				6	153	30	15
	Other Non-Tuberculous Diseases				—	4	13	15
Tuber- culosis	Pulmonary—							
	Definite ... ..				—	—	—	1
	Suspected ... ..				—	4	—	7
	Non-Pulmonary—							
	Glands ... ..				—	—	1	1
	Bones and Joints ... ..				—	2	—	—
Ner- vous System	Skin ... ..				—	—	—	—
	Other Forms ... ..				—	5	—	1
Defor- mities	Epilepsy ... ..				—	1	—	1
	Chorea ... ..				—	11	17	13
	Other Conditions ... ..				1	14	4	14
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	Rickets ... ..				1	1	—	—
	Spinal Curvature ... ..				2	8	—	—
	Other Forms ... ..				22	27	5	2
Total ... ..					611	798	1787	843

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR  
IN THE ROUTINE AGE GROUPS.

Age-Groups.	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Sub-normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ... ..	1677	383	22·84	968	57·72	318	18·96	8	0·48
Second Age Group ...	1250	219	17·52	798	63·84	216	17·28	17	1·36
Third Age Group ... ..	1325	373	28·15	839	63·32	111	8·38	2	0·15
Other Routine Inspections	34	9	26·47	18	52·94	7	20·59	—	—
TOTAL ... ..	4286	984	22·96	2623	61·2	652	15·21	27	0·63

TABLE III.  
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.  
BLIND CHILDREN.

At Certified Schools for the Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	—	—	—	1

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind	At Certified Schools for the Partially Sighted	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	—	3	—	—	4

DEAF CHILDREN.

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
5	—	—	—	5

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	—	—	—	—

TABLE III.—continued.  
 MENTALLY DEFECTIVE CHILDREN.  
 FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
50	14	6	21	91

EPILEPTIC CHILDREN.  
 CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	—	—	2	4

PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.  
 (Including pleura and intra-thoracic glands.)

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	4	—	4	8

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
6	4	2	—	12



TABLE III.—continued.

## B. DELICATE CHILDREN.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	67	—	8	76

## C. CRIPPLED CHILDREN.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	25	—	1	28

## D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	67	—	3	70

## CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
Crippled and Feebleminded	3	—	—	1	4
Feebleminded and Tubercular	—	—	—	1	1

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1936.

## TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.).

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN—			
Ringworm-Scalp—			
(i.) X-Ray Treatment ... ..	—	—	—
(ii.) Other Treatment ... ..	—	—	—
Ringworm-Body ... ..	5	—	5
Scabies ... ..	4	11	15
Impetigo ... ..	419	4	423
Other skin disease ... ..	618	2	620
MINOR EYE DEFECTS ... ..			
(External and other, but excluding cases falling in Group II.)	272	3	275
MINOR EAR DEFECTS ... ..	240	2	242
MISCELLANEOUS ... ..	1747	15	1762
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
Total ... ..	3305	37	3342

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme	Otherwise	Total
ERRORS OF REFRACTION (including squint) ... ..	470	15	485
Other defect or disease of the eyes (excluding those recorded in Group I)	—	—	—
Total ... ..	470	15	485
	Under the Authority's Scheme	Otherwise	Total
No. of Children for whom spectacles were—			
(a) Prescribed ... ..	335	15	350
(b) Obtained ... ..	328	15	343

TABLE IV.—continued.

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.													
Received Operative Treatment.													
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total				Received other forms of Treatment	Total number treated
(1)				(2)				(3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
4	1	157	7	—	—	20	—	4	1	177	7	36	225

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.  
 (iv) Other defects of the nose and throat.

## GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

Number of children treated	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated
	Residential treatment with education  (i)	Residential treatment without education  (ii)	Non- residential treatment at an orthopædic clinic  (iii)	Residential treatment with education  (i)	Residential treatment without education  (ii)	Non- residential treatment at an orthopædic clinic  (iii)	
	6	5	75	1	4	2	
							90





TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION, 1936.

Defect or Disease.  (1)	Routine Inspections.			
	Boys.		Girls.	
	Requiring Treatment (2)	For Observation (3)	Requiring Treatment (4)	For Observation (5)
Skin—				
Ringworm—				
Head ... ..	—	—	—	—
Body ... ..	—	—	—	—
Scabies ... ..	—	—	—	—
Impetigo ... ..	—	—	—	—
Other Conditions ... ..	1	—	—	1
Eye—				
Blepharitis ... ..	—	—	—	—
Conjunctivitis ... ..	—	—	—	—
Corneal Ulceration ... ..	—	—	—	—
Defective Vision—				
6/9 ... ..	—	—	—	—
6/12—6/24 ... ..	13	2	14	2
6/36 or over ... ..	—	—	—	—
6/36 or over (both eyes) ... ..	—	—	—	—
Squint ... ..	—	—	—	—
Ears—				
Defective Hearing ... ..	—	—	—	—
Otitis Media ... ..	1	—	1	—
Other Diseases ... ..	—	1	—	—
Nose and Throat—				
Chronic Tonsillitis ... ..	—	4	—	1
Adenoids ... ..	—	—	—	—
Chronic Tonsillitis and Adenoids ... ..	2	1	1	1
Other Conditions ... ..	—	—	—	—
Glands—				
Enlarged Cervical and Submax ... ..	—	—	—	—
Defective Speech ... ..	—	—	—	—
Teeth ... ..	43	—	30	—
Heart and Circulation—				
Heart—Organic ... ..	3	—	—	1
Functional ... ..	—	—	—	2
Anæmia ... ..	1	—	—	1
Lungs—				
Bronchitis .. ..	1	3	—	1
Other Non-tubercular Diseases .. ..	—	—	—	—
Tuberculosis—				
Pulmonary—				
Definite ... ..	—	—	—	—
Suspected ... ..	—	1	—	—
Non-Pulmonary—				
Glands ... ..	—	—	—	—
Spine ... ..	—	—	—	—
Hip ... ..	—	—	—	—
Other Bones and Joints ... ..	—	—	—	—
Other Forms ... ..	—	—	—	—
Nervous System—				
Subnormal Intelligence ... ..	—	—	—	—
Epilepsy .. ..	—	—	—	—
Chorea ... ..	—	—	—	—
Other Diseases ... ..	—	—	—	—
Signs of Overstrain ... ..	—	—	—	—
Deformities—				
Rickets ... ..	—	—	—	—
Spinal Curvature ... ..	—	—	—	—
Other Forms ... ..	2	3	1	6
Other Diseases and Defects—				
Goitre ... ..	—	—	—	—
Digestion ... ..	—	—	—	—
Constipation ... ..	—	—	—	—
Rheumatism ... ..	—	—	—	—
Other Conditions ... ..	7	4	3	5

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.  (1)	Number of Children.		Percentage of Children found to require treatment.  (4)
	Inspected. (2)	Found to require treatment. (3)	
Detailed Inspections ... ..	368	44	11.97

